TOWN OF TRURO HIGHLAND LINKS SEASONAL PASS APPLICATION 2004

Name:

		(Please Print)			
Name of Spouse:		(If applicable)			
Home Addre	ess:				
Mailing Add	dress:				
Telephone:		Home#:	Work#:		
Occupation:			Company:_	Company:	
	THE GO	LF SEASONAL PASS IS "NOT	"" REFUNDABLE - N	IO EXCEPTIONS	
	1.	Single	\$525.00	\$	
	2.	Senior (59 and over)	\$472.50	\$	
	3.	Member 18 & Under	\$100.00	\$	
	4.	Trail Fee	\$375.00	\$	
		ТОТ	TAL FEE DUE	\$	
the Golf Cou	urse Manag	MGA HANDICAPS AVAI tles you to privileges of the Highler This Seasonal Pass may be car your actions are unbecoming as	and Links as set fourth	by the Board of Selectmen and any time at the discretion of the	
		The Seasonal Pass expires on	the 31st of March an	nually.	
Signature of	Applicant		Date		
Mail comple Make check			P.O. Box 162, Truro N	IA 02652-0162	